

fibres of the sphincters, which he dissected aside. Arrived at the levator ani, he also separated its fibres towards the coccyx, for fear of wounding the bladder, and above this last layer of muscles he met a mass of cellular tissue, in which a soft and fluctuating tumour was perceptible to the finger. At the spot of this indication of the rectum, a puncture made with a bistoury gave exit to a large discharge of meconium. This puncture was enlarged so as to permit the introduction of the first phalanx of the index finger; this was replaced by a roll of lint smeared with cerate, which was maintained there. The following day, fecal matter was discharged from the wound, and some also escaped from the urethra. The incision was enlarged towards the coccygis, to favour the passage of the feces, and after this precaution, the artificial anus fulfilled quickly and exclusively all the offices of a natural one. The infant lived, and enjoyed good health. MM. Capuron, Roux, and Morcau, to whom this case was referred by the Academy of Medicine, in their report, highly extolled the method followed by the author of the above operation.—*Gaz. Méd. June 28th, 1834.*

43. *Amputation of the Thigh for Fungous Hæmatodes in a New-born Child.*—The first No. of a new periodical, the *Medical Gazette of Madrid*, contains an account of a child affected with an enormous tumour occupying the right thigh, and presenting all the characters of fungous hæmatodes. Dr. Paul, the narrator of the case, first saw this child when it was seven weeks of age. The tumour was opened, which gave rise to a profuse hæmorrhage, which, in less than a minute, caused the infant to faint. For two days the patient remained in a state of extreme prostration. The child became wan, and had green alvine evacuations, and amputation was deemed indispensable. This was performed above the knee, on the 4th of October, 1833, when the child was nine weeks and four days old. Very little blood was lost; nearly as many arteries were tied as in the adult, and the lips of the wound were united. There was less subsequent depression than usual in the adult; the child almost immediately took the breast, and passed a tranquil night. Amendment gradually followed; the alvine dejections became normal; the ligatures came away on the tenth day. The wound had cicatrized, when on the fifteen day the stump swelled, and erysipelas supervened, and the child died November 2d, twenty-nine days after the operation.

44. *Polypi cured by a Solution of Sulphate of Zinc.*—Mr. JOSEPH DALLAWAY has cured seventeen cases of common polypi by the sulphate of zinc, $\mathfrak{z}\text{ij}$. to $\mathfrak{z}\text{j}$. dissolved in water, $\mathfrak{z}\text{j}$. The lotion was introduced up the nostril by means of lint well moistened with it, and the lint spread over the surface of the tumour, as far up as can be conveniently effected, by means of a probe director. This lint must be kept moistened by dropping in the solution of zinc four or five times in the day, and then by removing it night and morning, to be replaced with a fresh piece of such moistened lint. All the cases were cured in a fortnight by this means. Mr. D. first adopted this practice as far back as 1797; and aptly remarks, that it may prove equally successful in certain cases of polypus uteri. Dr. A. Copland Hutcheson has tried the remedy, and in three cases of the soft common polypus of this organ, he succeeded, within ten days, in removing the disease; and Mr. Chevalier is said to have been equally successful with one or two others.—*Lond. Med. Gaz. Oct. 4th, 1834.*

45. *Wound of the Heart—Patient survived Ten days.*—A case of this is related in the *Filiatre Sebezio di Napoli*, of May, 1834, by Dr. Fnis. The instrument, a knife, passed through the left ventricle, and penetrated into the parietes of the opposite side of this cavity. At the moment the wound was received, there was a gush of blood, and the patient fainted. When seen by Dr. F. who was immediately called, the patient exhibited the following symptoms:—Face pale; pulse feeble, and sometimes intermittent; respiration difficult; slight op-

pression; deep-seated pain in the wound, from which a few drops of blood oozed; the intellectual faculties unaffected. The patient was gradually improving, when, on the tenth day he suddenly fainted and expired. Dr. F. states that the patient was able to survive such a length of time with so severe a wound, in consequence of the formation of a coagulum in the left ventricle, which closed the wound.

46. *Sudden Death from the Entrance of Air into the internal Jugular Vein.*—An instance of this is recorded in the *Medicinische Zeitung*, 1834, by Dr. ULRICK. In extirpating a tumour which occupied the side of the neck, and included the vessels and nerves of that region, Dr. Ulrick discovered that he had opened the internal jugular vein. Not a drop of blood escaped, and the walls of the vein did not collapse, but remained distended like an artery. The inner surface presented nothing remarkable; but externally a whitish appearance was observed which is not natural to a vein. The assistants thought they heard a hissing noise when the vein was cut. Immediately a bloody froth escaped from the lower orifice; the patient fainted; experienced slight convulsive motions of the face, and was attacked with opisthotonos. The countenance was pale, the pulse small, the respiration slow, and death took place in about a minute. Twenty-two hours after death, scarcely any evidence of putrefaction existed. The integuments of the cranium, when divided, poured out a considerable quantity of blood, and the brain was firm, and presented red points. The carotid, the trachea, and vagus nerve, were found to be uninjured. The internal jugular was imbedded in the tumour, and a little above the point at which it was divided, was obliterated. On opening the pericardium, the right auricle was found distended and elastic. It immediately collapsed on being punctured, although no blood escaped. The blood contained in the right ventricle, and in the body generally, was black and fluid.—*N. A. Archives, from Journal des Canais. Méd. Chirurg.*

47. *Strangulated Hernia relieved by extract of Belladonna.*—Dr. FRANKEL has successfully treated six cases of strangulated hernia, with the extract of belladonna. Five of these cases were crural hernia, in females. The sixth was an umbilical hernia.—*Grafe und Walther's Journal, B. XX. S. 4.*

48. *Case of Ununited fracture of the Femur cured by the introduction of a Seton.* By E. M'DOWELL, Esq.—“Michael Flood, aged twenty-five, was admitted, under my care, into the Richmond Surgical Hospital, Brunswick street, January 16th, 1830, with ununited fracture of the left femur. The fracture was below the centre, and was very oblique; the bones overlapped, the muscles were wasted and flabby, and on attempting to bear any weight on the limb it bent inwards: the limb was useless.

“*Previous history.*—Has been very healthy; never had syphilis. The fracture occurred two years previously, and splints were kept on for two months. Being then urged to use the limb, he got out of bed; and, in the first attempt to bear on it, the recently-connected parts separated. Splints and very firm pressure were employed for three months longer; but no union: a blister was afterwards applied; but at the expiration of twelve months the fracture was still disunited. He then came to Dublin, and was in Stevens' Hospital for nearly six months. A bandage, previously dipped in glue, was applied; short splints, firmly bound on; and he was allowed to go about on crutches. At the end of six months there was less yielding at the fracture, but no union; and a useless limb. He then came under my care. The period for using mercury, to excite a sufficient degree of action in the parts, and thus favour the formation of callus, had gone by. On the 20th of January, an incision was made down to the fracture on the inside of the thigh; and a long seton needle, with a thick seton of silk, was passed between the overlapping bones, and these brought out at the outer side of the limb. The operation was bloodless. The limb